

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)						SERIAL NO. <i>09/700165</i>	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8		1					58					
9		1					59					
10		1					60					
11		1					61					
12		1					62					
13		1					63					
14		1					64					
15		1					65					
16		1					66					
17		1					67					
18	1						68					
19		1					69					
20		1					70					
21		1					71					
22		1					72					
23		1					73					
24		1					74					
25		1					75					
26		1					76					
27		1					77					
28		1					78					
29		1					79					
30		1					80					
31	1						81					
32		1					82					
33		1					83					
34	1						84					
35	1						85					
36		1					86					
37		1					87					
38		1					88					
39		2					89					
40		2					90					
41	1						91					
42		1					92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	6						TOTAL IND.					
TOTAL DEP.	38						TOTAL DEP.					
TOTAL CLAIMS	44						TOTAL CLAIMS					